Supplement #2 to the Request for Proposals

Issued Date: October 7, 2021

PlaySure Network 2.0: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care and Non-Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model

[Solicitation #: 2021.08.HIV.05.02]

Public Health Solutions
on behalf of
New York City Department of Health and Mental Hygiene

This Supplement the Request for Proposals (RFP) for **PlaySure Network 2.0: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care and Non-Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model** issued on August 24, 2021, summarizes questions raised and responses given at the Pre-Proposal Conference Webinar held on September 14, 2021, and addresses questions submitted to the RFP email inbox. Information included in this Supplement amends and supersedes responses given at the Pre-Proposal Conference Webinar.

Failure to comply with any amended requirements and instructions included in this Supplement may result in a proposal being deemed non-responsive and ineligible for consideration for funding.

Please note that only communication received in writing from the RFP Contact on behalf of Public Health Solutions shall serve to supplement, amend, or alter in any way, this RFP released by Public Health Solutions. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFP.

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For a copy of this Supplement or the Request for Proposals, please go to:
https://www.healthsolutions.org/requests-for-proposal/playsure-network-2-0-provision-of-a-comprehensive-health-package-of-hiv-in-health-care-and-prevention-servicesnon-health-care-settings-using-an-equity-focused-one-stop-shop-and-holistic-client-cente/

Revised Proposal Deadline: November 10, 2021, 3:00pm ET

*The deadline for proposal submission for this RFP has been **extended** to **November 10, 2021, 3:00pm ET**.*

Revised Proposal Document

*The following document has been **revised** and must be downloaded to ensure that your proposal is submitted with the correct form.*

- *Attachment A: Program Budget Template PSN2.0 – Revised 10.07.21*

New Proposal Document

*The following **new** document is available for download:*

- *Attestation Form regarding required certification for PSN 2.0 - Final-10.07.21*

This Attestation Form must be completed and submitted with your proposal submission, if:

1. *Applicant does not yet have the required NYS DOH Wadsworth Center's Clinical Laboratory Evaluation Program (CLEP) Laboratory Registration Certification or higher laboratory certification as needed (both CLIA and higher) by the PSN 2.0 proposal submission deadline of November 10, 2021, 3:00pm ET, but*
2. *Applicant agrees to attest that they will submit all the required documents to NYS Wadsworth to obtain such certification by the subaward start date of March 1, 2022*

Please see response to Question #1 under 'Applicant Eligibility' below [pages 3-4 of this Supplement #2].

The new and revised documents are available for download from the PHS website:

https://www.healthsolutions.org/requests-for-proposal/playsure-network-2-0-provision-of-a-comprehensive-health-package-of-hiv-in-health-care-and-prevention-servicesnon-health-care-settings-using-an-equity-focused-one-stop-shop-and-holistic-client-cente/

Questions and Responses

Applicant Eligibility

1. Could an organization offer HIV testing through providing the home test/self-test to clients to do in the office while in the process of obtaining a CLIA waiver to do HIV testing? Our agency has successfully provided linkage and navigation services under PlaySure 1.0. Unfortunately, the requirement to provide testing and not subcontract for HIV testing presents a barrier. We are exploring ways to provide testing and participate in the NYC HD home test/self-test program.

   Response: Conducting a POC test is considered processing specimens onsite by the State of NY. NY State's clinical laboratory requirements are equal to or more stringent than those of the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Waived rapid HIV tests can be used at many clinical and non-clinical testing sites, including community and outreach settings. Any agency that is performing waived rapid HIV tests is considered a clinical laboratory in NY. Instead of obtaining a CLIA waiver, a facility in NY State that only performs tests classified under CLIA as waived must register and obtain a Limited Service Laboratory Registration Certificate through NYS DOH Wadsworth Center's Clinical Laboratory Evaluation Program (CLEP).

   The NYC HD has revised the RFP eligibility criteria to support agencies who are in the process of obtaining the NYS Limited Services Laboratory Registration Certificate to conduct testing with CLIA-waived HIV testing or higher laboratory certification as appropriate for all other HIV testing. All agencies who plan to conduct waived HIV testing and don't currently have a NYS Limited Services Laboratory permit or a higher laboratory certification for those planning to conduct non-waived HIV testing will now be required to submit their NYS Limited Services Laboratory Registration Certificate (or higher laboratory certification, as appropriate) application by the subaward start date of March 2022 in order to be funded for PSN 2.0 if awarded.

   For those applicants affected by this change for both Service Category 1 and Service Category 2, please respond to question #4 of the Eligibility section in the Online Form as follows:

   - Yes: Select option "yes" if your agency already has the required NYS DOH Wadsworth Center's Clinical Laboratory Evaluation Program (CLEP) Laboratory Registration Certification or higher laboratory certification as needed (both CLIA and higher) at time of PSN 2.0 proposal submission AND your agency will be processing specimens onsite
   - No: Select option "no" if your agency does not have the required NYS DOH Wadsworth Center's Clinical Laboratory Evaluation Program (CLEP) Laboratory Registration Certification or higher laboratory certification as needed (both CLIA and higher) at time of PSN 2.0 proposal submission AND your agency will not be processing specimens onsite or offsite. Agencies who select this option are ineligible to apply for PSN 2.0 funding.
   - Not applicable [specimen processing happens offsite]: Select option "Not applicable [specimen processing happens offsite] if your agency does not yet have the required NYS DOH Wadsworth Center's Clinical Laboratory Evaluation Program (CLEP) Laboratory Registration Certification or higher laboratory certification as needed (both CLIA and higher) by the PSN 2.0 proposal submission deadline but AGREE and ATTEST to submitting all the required

documents to NYS Wadsworth by the subaward start date of March 1, 2022 if you haven't already done so.

If the NOT APPLICABLE option is selected, applicants will be required to complete and submit a Laboratory Permit Attestation agreeing to this requirement. This Attestation Form can be downloaded per the instructions on page 2 of this Supplement #2. *Please note: This change will be included in the Revised RFP which will be released with the forthcoming Supplement #3.*

2. Would a non-article 28 agency that subcontracts medical providers to deliver onsite medical services be considered a "non-health care setting" for the purposes of this RFP?
   Response: Non-health care settings are defined as an agency who does not hold an Article 28 license from the NYS DOH and does not provide medical care, excluding testing for HIV and STIs. Please see page 80 of the RFP for additional service category 2-specific eligibility.

3. If an Article 28 organization does not currently provide iART or HIV primary services on site, but refers out for these services, may they propose to provide these services at its service site upon receipt of a PlaySure Network 2.0 grant, with the support of this funding?
   Response: Yes, agencies should propose to expand their current service delivery to meet the program requirements to deliver the entire comprehensive health package. Please see full program descriptions and requirements for iART and HIV primary care services on page 39 of the RFP.

4. On page 4 it states, "Agencies can only apply for one service category; however, they may apply for funding at one single-site location (see definition on page 23) or for multiple site locations (see competition pools below) under the chosen service category as applicable." Would it strengthen the proposal if we applied for one UHF neighborhood but had three clinics within the neighborhood that covered the three different high priority zip codes?
   Response: No, the strength of the proposal is not based on the number of Site Locations proposed, but on the tailored responses to the Proposal Narrative and Interview Assessment questions for each Site Location proposed. Each Site Location is required to have its own site-specific budget and program design that is separate and tailored for each Site Location's context as a part of the proposal. Please see page 85 of the RFP for the Proposal Evaluation Criteria.

5. When you refer to "in each borough" are you referring to each of the four boroughs? Or all five boroughs? In the beginning it states only Bronx, Brooklyn, Manhattan and Queens; however, throughout the document it refers to in each borough, and the Appendix A table includes Staten Island. Please confirm which boroughs (4 boroughs or 5 boroughs).
6. What is the eligibility for applicants who have treatment centers located in the borough of Staten Island?
   Response: There are no eligibility restrictions for Staten Island. The PSN 2.0 funding opportunity applies to the boroughs of Bronx, Brooklyn, Manhattan, Queens, and Staten Island. *This response applies to Questions 5 and 6 in this Applicant Eligibility section of the Supplement.*

7. We work with medical partners that provide STI testing to our clients, but we do not offer onsite treatment for anyone who tests positive for STIs, since we are not a health care facility. Would offering treatment through our medical partners meet the requirement to offer treatment onsite?

Response: For Service Category 2 applicants, the expectation is that for clients with a positive test result, agencies must provide navigation services to link the client to a clinical provider for same-day treatment, when feasible, or as soon as possible, either by scheduling an in- person visit or facilitating a telehealth consult on-site. See page 45 of the RFP for a full-service description of STI Testing and Linkage to Treatment Services for Service Category 2. Offering treatment for someone who tests positive for STIs through a medical partner meets the expectation of STI treatment in non-health care settings (Service Category 2).

8. Does this project include Westchester County and Lower Hudson Area?
   Response: No. A minimum eligibility requirement for this RFP is that all applicants must be "Currently operating a brick-and-mortar site (proposed site location[s]) in New York City". Please see pages 4 and 79 of the RFP.

Budget

1. The budget template seems to be only set up for Category 1. Could you also release one please for Category 2?
   Response: The same template is to be used for both categories, they are labeled with example budgets. Budget lines on the template that are not applicable to your proposed program do not need to be included. Next to "Service Category", applicants must select either Category 1 or Category 2 from the drop-down list. If any line items suggested in Attachment A do not apply to your agency's proposed program, please leave blank. *Note that the budget form (Attachment A: Program Budget) has been revised made available for download from the PHS website as of October 7, 2021. Please see page 2 of this Supplement document for the link.*

2. Can the budget be used to hire data staff specific to this program?
   Response: Yes, please see pages 58-60 of the RFP for Staffing Plan role descriptions that include descriptions for database developer/analyst and data manager.

3. Is the penalty percentage (and enhancement percentage) pro-rated? In other words, will a penalized applicant lose 5% or 7% as a penalty?
   Response: Starting in Year 2, each agency will receive 85% of their total budget through cost-based reimbursement. After that, by meeting half of the QBF benchmarks, the agency can receive the remaining 15% of the total budget to reach the complete 100% of the budget. If the agency reaches the remaining half of the total QBF benchmarks, that 15% of payment on top of their total budget. Therefore, each QBF benchmark that is reached will get the agency closer to the full 30% of possible payment (15% or half is penalty; 15% or half is enhancement). See page 72 and 73 of the RFP for more information. *Please note: This clarification will be included in the Revised RFP which will be released with the forthcoming Supplement #3.*

4. How can agencies realistically ensure maintaining staff turnover to a minimum if there is a potential for "penalty allocation?" How will we absorb 15% less payments after budgeting for salaries, etc.?

Response: Each PSN 2.0 budget should include personnel/staff salary, supplies, health care infrastructure investments, and other/indirect costs (IC) (please refer to page 62-66 of the RFP for more information on the Budget). Because personnel/staff salary costs alone will be less than 100% of the total budget, 85% of the total budget guaranteed at cost-based will be sufficient to cover the personnel/staff salary even if an agency does not meet any QBF benchmarks and therefore does not make up the remaining 15% "penalty allocation" payment. It is required that personnel/staff salary costs are not affected if the agency receives the 15% "penalty allocation" payment. Additionally, all agencies are required to work towards meeting their QBF benchmarks. This will be clarified and revised in the RFP. *Please note: This change will be included in the Revised RFP which will be released with the forthcoming Supplement #3.*

5. With a 6 month start-up, is the initial funded grant period 3 years (meaning the last period would be 6 months of service given the definition of Year 1 being 18 months, including the 6 months of start-up period)? Or is it a 3.5 year grant?
6. If we are submitting a completed budget template document for each year (and each year is 12 months), should the first year reflect 6 months of start-up and 6 months of service? Or should we assume 12 months of service in Year 1?
7. Should the Budget reflect the start-up period (months 1-12), or should it reflect a full operational year (post-start up months 7-18)?
   Regarding the budget, should the agency submit 3 budgets, one for each contract year? If so, is each period 12 months long? Or is the first budget period 18 months (6 moths start-up and 12 months of program), the second as 12 months, from month 9-30, and the last only 6 months (months 31-36). Please provide clarification on the budget period(s), submission of the completed template(s).
   Response: Each applicant will need to submit 1 budget for each of the Budget Periods in the Subaward Term for a total of 3 budgets. Year 1 is 18 months (6 months start up + 12 months), Year 2 is 12 months, and Year 3 is 12 months for a total of 3.5 years. *This response applies to Questions 5, 6 and 7 in this Budget section of the Supplement. Note that the budget form (Attachment A: Program Budget) has been revised and made available for download from the PHS website as of October 7, 2021. Please see page 2 of this Supplement document for the link.*

8. How do we break the budget down by grant year? Should it be separated by each year or lumped together as one?
   a. Do we want to do multi-site - does it have to have separate programs and reporting?
   b. What is the format for budget justifications?
   c. If an applicant does not have a financial audit document to submit, can they instead submit alternate financial statements, or a 990?
   d. Do awardees have to reapply in years 4 and 5?

   Response: According to the most recently released Budget Template, each applicant will need to upload 1 Program Budget per Site Location. The updated Budget Template provided on the PHS website, dated October 7, 2021, has individual tabs within each budget for each Period in the Subaward Term: Year 1 is 18 months (6 months start up + 12 months), Year 2 is 12 months, and Year 3 is 12 months for a total of 3.5 years. *Note that the budget form (Attachment A: Program Budget)*

has been revised and made available for download from the PHS website as of October 7, 2021. Please see page 2 of this Supplement document for the link.

a) If an agency chooses to have more than one Site Location (multi-site), each Site Location will be considered its own stand-alone, separate program with its own budget and reporting requirements. Please see page 23 of the RFP for more information on Site Location.

b) The "format for budget justifications" is included in the Budget Template, e.g., "Purpose"; "Methodology"; "Please select Frequency".

c) The guidelines are as follows:

i. Applicants that expend less than $750K in federal funding must submit an Audited Financial Statements/Management Letter if applicable

ii. Applicants that receive less than $750K in revenues and support must submit a CPA Audit Review and 990 Form

iii. Applicants that receive less than $500K in revenues and support should provide an un-audited Financial Statements and 990 Form

d) No, agencies do not need to reapply for years 4 and 5. Awarded agencies will receive a subrecipient agreement (subaward) for a term of up to three (3) years with the option to renew for two (2) additional years for a total of five (5) possible years, pending funding availability and agency performance. The subaward term may be reduced at any time based on agency performance and availability of funds. Please see page 83 of the RFP for more information.

9. Can we add lines in the budget template for additional staff?
   Response: The budget form (Attachment A: Program Budget) has been revised to include additional rows and made available for download from the PHS website as of October 7, 2021. *Please see page 2 of this Supplement document for the link.*

10. Are office supplies such as pens, paper, etc. calculated within project supplies (testing kits, incentives, etc.) under the title of Supplies?
    Response: Yes, all supplies, both program and office (including pens, paper), can be included under the section titled "General Supplies" in Attachment A – Program Budget Template. Additionally, agencies can include office supplies as a part of their indirect costs. Please see page 64 of the RFP for more information on Supplies.

11. Is there a limit on Indirect costs, or are applicants able to request our full federal indirect cost rate?
    Response: Per the budget template "maximum allowable indirect cost will be determined by the funding source at the time of award. For this proposal budget please use an estimated indirect cost rate at a maximum of 12%". Please note, that this percent may change based on the final funding source and the allowed indirect rate.

12. The budget form refers to Client Incentives and Supplies needing to meet the requirements of the 'NYC HD Incentives Policy', which is also referenced on page 64 of the RFP. What is the 'NYC HD Incentives Policy', and where can it be found?

Response: The NYC HD has revised the RFP to include the NYC Incentives Policy. Please refer to Appendix G for the Incentives Policy. *Please note: This change will be included in the Revised RFP which will be released with the forthcoming Supplement #3.*

13. Is it permitted to request 100% of the Executive Director's salary if their duties are limited to PSN 2.0 program direction?
    Response: Every single line item in a budget, including personnel, should align and support the provision of the comprehensive health package of HIV prevention services. The staffing plan should be realistic for the context of the agency. Unless this is the only funding source for the agency, it is highly unrealistic for an Executive Director's time to only be allocated for PSN 2.0.

14. Are the projected award budgets of $300,000 to $650,000 related to each location or for the total agency award?
15. Is the budget cap of $650,000 for an agency applying as multi-location a per-location cap or is it $650,000 for the total grant?
    Response: Yes, for Service Category 2, the $300,000 to $650,000 funding range is per Site Location. To fund each agency appropriately, applicants are required to submit a thoughtfully constructed budget allocating costs across their organization's health system to establish optimal delivery of the comprehensive health package of HIV prevention services one-stop shop model, appropriately fund agency- and client-specific needs, ensure client-centered care, and maximize funding of their program-specific implementation design to meet the goals of the PSN 2.0 funding opportunity. Agencies are required to draft a well thought-out budget that is most appropriate and relevant to their agency context and need. Applicants' budgets must correspond to and be in agreement with their program-specific implementation design as described in their proposal and workplan.

    Overlapping costs across multiple Site Locations (i.e., EMR system upgrades) should be appropriately distributed across each Site Location's budgets. For example, if an agency is proposing to have 3 Site Locations, and EMR upgrades costs the agency a total of $90,000 for PSN 2.0, then that budget item would be divided across the 3 Site Location's budgets ($30,000 on each).

    PHS and NYC HD reserve the right to fund each proposed site location at a reduced award amount due to availability of funding and the number of awarded agencies. Additionally, to support Selection Preference number 2- to ensure adequate geographic distribution (see page 82)- PHS and NYC HD reserve the right to not fund all proposed site locations in a multi-site proposal.

    This response applies to Questions 14 and 15 in this Budget section of the Supplement.

16. Are Licensed Mental Health Provider staff required to be on the budget? Can the applicant utilize external resources to refer enrolled patients seeking Mental Health services?
    Response: Provision of Mental Health Services is required for PSN 2.0. Agencies may propose to utilize in-kind mental health staff, hire new mental health staff, and/or partner with an external agency to provide Mental Health Services either in-house or via telehealth through partnership agreement or

subcontract agreement. Please refer to page 47-48 of the RFP for more information on Mental Health Services. Please refer to page 58-60 of the RFP for more information on staffing roles.

17. Can you clarify the indirect cost cap?
    Response: Per the budget template "maximum allowable indirect cost will be determined by the funding source at the time of award. For this proposal budget please use an estimated indirect cost rate at a maximum of 12%". Please note, that this percent may change based on the final funding source for each subaward and the allowed indirect rate for that funding source.

18. Is there a limit regarding total budget towards testing supplies (HIV/STI kits) for category 2 providers?
    Response: There are no budget caps for testing supplies (HIV/STI kits). However, every line item in a budget, including supplies, should align and support the provision of the comprehensive health package of HIV prevention services. The proposed budget(s) including supplies should be realistic for the context of the agency.

19. Do applicants need to submit a budget for each proposed site location?
    Response: Yes. For each proposed site location, applicants must submit a separate site location-specific budget. If an agency chooses to have more than one Site Location (multi-site), each Site Location will be considered its own stand-alone, separate program with its own budget and reporting requirements. Please see page 23 of the RFP for more information on Site Location.

20. Can the Attachment A Budget Template be modified to reflect payroll source fringe rates and itemized fringe costs?
    Response: NYC HD and PHS have modified the budget template so that applicants may enter requested fringe cost independent of fringe calculation methodology. Applicants are now asked only to enter the total fringe cost requested for the following personnel types: 1) Medical Personnel; 2) Mental Health Personnel; and 3) All Other Personnel. *Note that the budget form (Attachment A: Program Budget) has been revised made available for download from the PHS website as of October 7, 2021. Please see page 2 of this Supplement document for the link.*

21. How would applicants approach site budgeting for staff that divide their work time between multiple site locations?
    Response: If an agency chooses to have more than one Site Location (multi-site), each Site Location will be considered its own stand-alone, separate program with its own budget and reporting requirements. Please see page 23 of the RFP for more information on Site Location. If an agency is applying for 2 Site Locations, and a staff member will support the PSN 2.0 program at both Site Locations, please specify what % FTE the staff member will spend on the PSN 2.0 at each Site Location. For example, a staff member might spend 10% of their FTE on PSN 2.0 at Site Location A, and 25% of their FTE on PSN 2.0 at Site Location B.

22. Does the budget only include listed positions?

23. Are applicants allowed to include additional budget line items such as positions not originally listed in the budget?
    Response: Yes. Applicants may include budget line items (including additional personnel/staff positions) beyond those that are listed on the budget template. Those listed on the budget template are examples only. *This response applies to Questions 22 and 23 in this Budget section of the Supplement.*

24. Can an additional column be added to the Attachment A program budget template that indicates existing services that will not be utilized from the PSN 2.0 budget? These services will be rendered by existing staff to fulfill the function on the required staffing plan and paid for either by the applicant institution or other grant funding.
    Response: For all in-kind staff please list them in your budget and indicate in-kind staff in the title and list salary as zero. There is no need to indicate in-kind staff in a separate column.

25. Should the same budget template be used for both Category 1 and Category 2?
    Response: Yes, the Excel spreadsheet for the Budget should be downloaded and used for both Service Category 1 and Service Category 2. Next to "Service Category" applicants must select either Category 1 or Category 2 from the drop-down list. If any line items suggested in Attachment A do not apply to your agency's proposed program, please leave blank. *Note that the budget form (Attachment A: Program Budget) has been revised made available for download from the PHS website as of October 7, 2021. Please see page 2 of this Supplement document for the link.*

26. Given the first year has start-up expense and assuming submission of a budget for each contract year/period (3 budgets), can the Year 1 Budget (which includes start-up) be for a different dollar amount than years 2 and 3?
    Response: Yes, Year 1 should be a different dollar amount than Years 2 and 3 because Year 1 accounts for 18 months (6 months start up + 12 months) and Years 2 and 3 account for 12 months each.

Clients Served

1. In terms of performance outcomes, is there a minimum threshold of proportion of priority populations served? Of the clients we serve under PSN 2.0, would 75% need to come from the priority populations?
    Response: Please see page 22 of the RFP where it states "to meet PSN 2.0's goal, at least 75% of enrolled clients served under the PSN 2.0 funding opportunity must be members of the priority population(s)."

2. What if a hospital is a single site location but draws patients from all over the city (multiple UHF neighborhoods), can it identify within all of the UHF neighborhoods served?
    Response: Please see page 23 of the RFP where it states "A site location is defined as the physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model." The assigned UHF neighborhood for competition pools is defined by the Site Location's zip code, not by the neighborhood in which the patients reside.

3. In the budget category, some examples of patient numbers are shown for PlaySure 2.0, (e.g., 150-175 patients per month for a healthcare organization). Are these sorts of numbers expected? Does 'clients served' include the full spectrum of services outlined in the "Snapshot of PSN 2.0 services", or just medical services each month? Are these unique clients served receiving one or more PSN 2.0 service?
   Response: Please see page 60 of the RFP: The average monthly client caseload proposed by the agency may differ from the recommended ratios above. All agencies must provide a justification for their proposed ratio. Using the proposed caseload, agencies will then identify the number of navigators they need to hire in order to serve the number of clients they intend to reach. A PSN 2.0 client is defined as any client enrolled in the PSN 2.0 program. Enrollment is defined as any client who receives any type of navigation services as a part of the Comprehensive Health Package of HIV prevention services funded by the PSN 2.0 funding opportunity (described below) and a completed intake assessment. Notably, the definition of a PSN 2.0 client is based on the client's need for, and interest in, the available services and their engagement in these services, rather than on receiving a set number of discrete services (i.e., there is no required minimum number of services a client must receive in order for a client to be considered a PSN 2.0 client). Thus, PSN 2.0 clients can expect to be offered a variety of high-quality HIV prevention, care, mental health, substance use and other supportive services while experiencing a reduction in the number of steps or hand-offs to receive such services in a co-located and streamlined manner to improve both the client and provider experience. Each PSN 2.0 client will only be counted once per month when calculating the total number of unique PSN 2.0 clients served per month, regardless of the number of interactions they've had that month. For example, if a PSN 2.0 client comes in once in July and once in August, they will be counted once for each of those months; however, if they came in twice in July, they will only be counted as one unique client for that month. As such, the mix of new and returning PSN 2.0 clients served may vary each month along with the mix of clients seen with varying case management and service needs.

4. When is a client's case considered closed?
   Response: Not applicable to the RFP.

5. Will the RFP awards seek to cover a cross-section of the priority populations such that all priority populations are covered?
   Response: Yes, it is our intention to provide services to as many priority populations as we can. To ensure as many priority populations are reached through this funding opportunity as possible, NYC HD may award agencies out of rank order until all priority populations are included for funding in the final selection of awardees. For instance, if the priority populations selected among the top scoring applicants in rank order do not include youth and young adults, NYC HD may skip some applicants to award the next highest scoring applicant whose proposal has youth and young adults as a priority population. If needed, NYC HD will continue to skip until each of the priority populations listed on page 21 are included in at least 1 agency awarded for PSN 2.0. Please see page 82 of the RFP for more information on Selection Preference.

Competition Pools

1. If we select Competition Pool 1: Single-Site Location, and propose our Manhattan location, would we be grouped under the UHF where our site is located? Would our proposal then be judged in terms of the number of clients we have served in that UHF in 2019 & 2020?

Response: Yes, your proposal's scores are only ranked relative to those in your competition pool. For those choosing single site location this will be by UHF in your respective pool. Your UHF pool is determined by your Site Location zip code. Please refer to page 80 of the RFP. All judgement is based on proposal evaluation criteria as stated on page 85 of the RFP, and not by the number of clients served in the UHF in 2019 & 2020. This information is part of the Organizational Profile only.

2. If we select Competition Pool 1 and propose a site in Manhattan, would we be able to serve priority populations in other boroughs, and other UHFs other than the UHF where our proposed site is located?
   Response: Yes, the UHF requirement is for the Site Location only. Please see page 23 of the RFP where it states "A site location is defined as the physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model." The assigned UHF neighborhood for competition pools is defined by the Site Location's zip code, not by the neighborhood in which the priority populations reside.

3. Does the idea of pools mean that you are planning to fund at least one agency in each pool?
   Response: Pending funding availability and the number of applicants in each competition pool, we aim to fund at least one agency from each pool. If awarding one agency per competition pool exceeds the funding available, the lowest scoring applicants after controlling for Selection Preference will be eliminated (i.e., not funded) until 100% of the available funding is reached. Please refer to page 80-82 of the RFP for more information.

4. Will Pool 2 be of highest priority, with an additional winner from Pool 3, and then Pool 1 winners filling in the blank spots?
   Response: No, Pool 2 is not of the highest priority. Pending funding availability and the number of applicants in each competition pool, we aim to fund at least one agency from each pool. Please see page 80-82 for more information on Competition Pools and Selection Preference.

5. Is there a minimum number of participants in each competition pool to ensure equitability?
   Response: No, there is no minimum number of applicants in each competition pool.

6. Is there any way that a winner from Pool 1 (UHF neighborhoods) would be given top priority over a multi-site borough or multi-borough proposal?
   Response: No, Pool 1 does not have a higher priority over the other pools. Pending funding availability and the number of applicants in each competition pool, we aim to fund at least one agency from each pool. Please see page 80-82 for more information on Competition Pools and Selection Preference.

7. What role will the priority populations play in determining strength – over all the competition pools, or within them, or something else?
   Response: Please refer to the Selection Preference on page 82 of the RFP where it states "To ensure as many priority populations are reached through this funding opportunity as possible, NYC HD may award agencies out of rank order until all priority populations are included for funding in the final selection of awardees. For instance, if the priority populations selected among the top scoring applicants in rank order do not include youth and young adults, NYC HD may skip some applicants to

award the next highest scoring applicant whose proposal has youth and young adults as a priority population. If needed, NYC HD will continue to skip until each of the priority populations listed on page 21 are included in at least 1 agency awarded for PSN 2.0." Additionally, please refer to the Proposal Evaluation Criteria starting on page 85, specifically Narrative Proposal Sections 1, 3 and 4 in which there are numerous questions that ask the applicant to describe their experience and engagement with priority populations.

8. Is there another way that they will all be compared to decide on the final 6-11 Category 1 awards?
   Response: The RFP describes how the NYC HD will be evaluating applicants. Please refer to the following sections of the RFP for more detailed information: Proposal Evaluation Criteria (page 85), Competition Pools (page 80), and Selection Preference (page 82).

9. If our proposal is for multiple site locations within one UHF neighborhood, improving our abilities to serve many more people within that neighborhood, would that still be considered as a competitor in the single UHF neighborhood mini sub-pool? Or would it be considered in the multiple service sites in one borough pool?
   Response: It could be Pool 2, 5 or 8: Multiple Service Site Locations in One Borough depending on the Service Category for which the agency is applying. Please see page 81 of the RFP for more information on Competition Pools.

10. Regarding the pool competition descriptions on page 80-82: If, for example, we have one brick and mortar site in East Harlem but provide services in the Bronx through a satellite site co-located within a clinic but also via a mobile van, would we be in pool 7 since the satellite site is not ours and not all services are offered from there or would we be Pool 9? Also, does the fact outreach occurs in multiple boroughs impact the pool? Finally, how do we treat the fact services are provided via mobile van in another borough in terms of the Pool and the proposal in general?
11. If we apply as one organization with 2 physical building sites in Manhattan, would our mobile services in the Bronx count as a third site?
    Response: 1) Satellite sites are a separate Site Location(s). Mobile vans will be treated as an extension of the brick-and-mortar site as described on page 23 of the RFP.
    Please see page 23 of the RFP where it states "A site location is defined as the physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model." The assigned UHF neighborhood for competition pools is defined by the Site Location's zip code, not by the neighborhood in which the priority populations reside.
    2) Where an agency conducts outreach does not affect an agency's Competition Pool, but rather it is the location of the Site Location, and whether or not it is multiple or single Site Location that will affect the Competition Pool.
    3) Mobile vans will be treated as an extension of the brick-and-mortar site as described on page 23 of the RFP.

    We recognize that outreach and mobile van services may occur in other neighborhoods, however, our focus is on building the health system to deliver the comprehensive health package at the main Site Location (i.e., home site), which will support service delivery at extensions of the Site Location such

as outreach and mobile van services. Therefore, Competition Pools are based on Site Location(s). *This response applies to Questions 10 and 11 in this Competition Pools section of the Supplement.*

12. For applicants applying in Category 2 that have a brick-and-mortar building but have satellite offices co-located in health clinics that provide a subset of programmatic services, can the satellite office services be included in this proposal? On page 23 of the RFP, it states: "*The site location includes the brick-and-mortar entity and/or building in its entirety, not just one department or program within the site location. As such agencies will not be permitted to propose a section of the funded site location (e.g., the Emergency Department), but the entire location as a whole.*" and refers to Footnote 60 of the RFP. Footnote 60 states that: "*Large hospital systems (defined as a hospital with more than 200,000 visits per year) that house the majority of their services under one brick and mortar address may propose (and provide a strong justification for) exclusion of a subset of units and/or departments from within their proposed brick and mortar address (i.e., site location) that will not implement the PSN 2.0 organizational level changes as identified.*" We are an established primary care and prevention program for HIV seropositive and at-risk adults within a large academic medical center. We are also a longstanding member of PSN 1.0. As a leader in providing comprehensive, interdisciplinary HIV care and prevention services, we train other clinical and academic departments within the medical center on issues related to the RFP (including, but not limited to, PrEP/PEP, LGBTQI care, taking a sexual history, universal screening/education, and sex positivity) and will continue to do so. However, for this RFP, we propose to exclude all other units and departments within our medical center from implementing PSN 2.0., as it is simply not operationally feasible or practicable to formally include them in this project at this time. Is that an adequate justification? If not, what additional information would be needed? Services provided at the brick-and-mortar site (and via mobile van for example)?
    Response: 1) Satellite sites are separate Site Location(s). 2) The site location includes the brick-and-mortar entity and/or building in its entirety, **not just one department or program within the site location**. As such agencies will not be permitted to propose a section of the funded site location (e.g., the Emergency Department), but the entire location as a whole. Large hospital systems (defined as a hospital with more than 200,000 visits per year) that house the majority of their services under one brick and mortar address may propose (and provide a strong justification for) exclusion of a **subset** of units and/or departments from within their proposed brick and mortar address (i.e., site location) that will not implement the PSN 2.0 organizational level changes as identified. This definition does not allow an agency to propose to exclude all other units and/or departments within their brick-and-mortar entity/building nor allow an agency to propose to have just one department or program within the Site Location. The justification proposed in the question above is not an adequate justification. The agency would need to propose the majority of the units and/or departments within the brick-and-mortar entity/building (Site Location), with only exclusions to those units/departments that are absolutely necessary (e.g., departments that just serve ages 12 and under). *Please note: This clarification will be included in the Revised RFP which will be released with the forthcoming Supplement #3.*

13. If we link with an agency that has a mobile unit will their location(s) be considered as part of the Competition pool when applying?

Response: No, the location of an agency in which you link clients to does not affect the Competition Pool for which the primary applicant agency is applying. Please see page 23 of the RFP where it states "A site location is defined as the physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model." The assigned UHF neighborhood for competition pools is defined by the Site Location's zip code.

14. If an applicant selects Competition Pool 1: Single-Site Location and proposes a Manhattan location, would they be grouped under UHF 308? Would the proposal then be judged relative to that of other organizations in that UHF who chose Competition Pool 1? And would that judgement be based on the Proposal Evaluation Criteria (i.e., Final award decisions will be determined based on the Proposal Narrative score (40%) and an Interview Assessment score (60%) both based on the guidance in Table 1 on page 85 of the RFP)?
    Response: Yes, your proposal's scores are only ranked relative to those in your competition pool. For those choosing single site location this will be by UHF in your respective pool. Your UHF pool is determined by the zip code of your Site Location. Please refer to page 80 of the RFP. All judgement is based on proposal evaluation criteria as stated on page 85 of the RFP.

15. How will you compare the 27 potential winners of Pool 1 with the 5 potential winners of pool 2, and the 1 potential winner of pool 3? On page 82 it states: "Our aim is to award at least 1 CBO and at least 1 health care facility in each Borough."
    Response: All viable proposals will be scored and ranked based on the evaluation criteria set forth in the RFP. The selection preferences on page 82 will be utilized to ensure adequate geographic coverage and ensure as many priority populations are reached.

16. The following question is contained in the online form guide:
    "(2) For which competition pool is the Applicant agency applying?" Note: Please see pages 80 – 82 of the RFP for more information on competition pools. NYC HD and PHS reserve the right to re-categorize an agency dependent upon eligibility criteria, the Site Location information provided, and operation budget information provided. [This is a multiple choice selection]*
    ( ) Pool: Single-Site Location
    ( ) Pool: Multiple Service Sites in One Borough
    *( ) Pool: Multiple Services Sites across Two or More Boroughs***"**
    At one hospital, we have two clinic sites. This would be under Pool 2 **–** *multi-service sites in One Borough* – correct?
    Response: Yes, if both clinic site locations are in one borough and they are separate physical brick and mortar entity and/or building with its own unique addresses, then this would be under Pool 2. Please see page 23 for more information on Site Locations, and page 80 for Competition Pools.

Data & Reporting

1. What is your suggestion as to how to navigate the sensitive information requested of our employees? While we do collect many of the data points requested, we don't ask for information regarding history of sex work, intimate partner violence, substance use disorder, sexual orientation or history of

homelessness. Many staff members share this information with supervisors or HR when support is needed or when these issues surface in the work, we however don't ask.
Response: Thank you, the NYC HD recognizes that this is sensitive information and may not be known or shared. In the Organizational Profile, you may select "Not Sure" for the instances in which the information is unknown/cannot be shared.

2. Can clients who receive non PlaySure-related services opt out from any and all discussions/outreach, even if they are HIV positive? Would agencies be required/expected to report these individuals as part of data collection to NYC HD?
Response: Question 1: There is not enough information to provide an answer.
Question 2: If a client is not enrolled in PSN 2.0 navigation services but is a client of the PSN 2.0 Site Location, they will be counted in select indicators in the aggregate-level data reports.

3. With regards to reporting in eShare, will it be the same forms and data entry increase, being that case management is being added to the navigation expectations?
Response: Although there are some new and modified services in PSN 2.0, eSHARE forms are also being modified to reduce data entry and reporting burden. Therefore, there will be a significant reduction in data entry and forms for PSN 2.0.

4. Will the QIM replace the CAMS monthly narrative?
Response: This will be determined prior to subaward execution. NYC HD and PHS will strive to streamline reporting and reduce redundancies to the greatest extent possible.

5. On page 23 of the RFP it states, "*Each site location will be considered its own standalone with separate budget and reporting requirements.*" Does this mean that if we have a multi-site proposal (perhaps services stretching across 2 clinics), that we will have multiple budgets and reporting requirements? This would be incredibly difficult as we typically staff across sites, as would the OTPS costs, such as building IT infrastructure.
Response: Yes, as stated on page 23 of the RFP: "*Each site location will be considered its own standalone with separate budget and reporting requirements. A site location is defined as the physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model. Agencies will be required to identify which site location (or locations if proposing more than one) they are proposing to fund under the PSN 2.0 funding opportunity.*" Our focus is on building the health system to deliver the comprehensive health package at each of the main Site Location(s), hence why the NYC HD is treating each Site Location separately and requesting for separate budgets and reporting requirements.

Online Form

1. On page 4 of 32 in the Online Form Guide, the form provides 10 spaces to list funding in the Government Funding Sources section, are we expected to complete all 10 boxes?
Response: No, agencies should only complete the table for as many as are applicable.

2. The following question is contained in the online form guide:
   *"(4) Is your agency a large hospital system (defined as a hospital with more than 200,000 visits per year) that houses the majority of their services under one brick and mortar address AND is your agency proposing to exclude a subset of units and/or departments from within your proposed brick and mortar address (i.e., site location #1) that will not implement the PSN 2.0 organizational level changes as identified?**
   ( ) Yes
   ( ) No"*

   a. Our agency is a large hospital system, however, services are under numerous brick and mortar addresses (not with the majority of services under one brick and mortar address). Therefore, we would answer NO to this – is that correct?
   b. Our agency is a large hospital system with the majority of services located at one brick and mortar address, however, we will be providing services at a standalone brick and mortar address that is separate from the main hospital. Therefore, we would answer NO to this – is that correct?
   c. Our agency is a large system with two hospitals within it. One brick and mortar site is located within one hospital's brick and mortar building where the bulk of the services are located. The other site is located within the other hospital's brick and mortar building where the bulk of the services are located. So as it is a large hospital system with two hospitals that share the services of the large system, the majority of the services are NOT located under one brick and mortar address, so… Therefore, we would answer NO to this – is that correct?
   d. If, in this instance we chose to only work with one brick and mortar site, would we still answer NO to this as the "system" covers two hospitals, and we are only providing services at one of them? Would we still answer NO?

   Response: The Online Form question as described above refers to whether a large hospital system (defined as a hospital with more than 200,000 visits per year) that houses the majority of their services under one brick and mortar address (Site Location) is proposing to exclude a subset of units and/or departments from within their proposed brick and mortar address (i.e., site location #1) that will not implement the PSN 2.0 organizational level changes as identified. If the agency is a large hospital system (as defined) that will not exclude any units and/or departments from implementing the PSN 2.0 organizational level changes, the response to the Online Form question is NO. Please refer to page 23 of the RFP for more information.

Proposal Submission / Contracting Portal

1. The contracting portal states that "There are no open proposals at this time." When will applicants have access?

   Response: Applicants can now submit documents via the Public Health Solutions Contracting Portal.

Service Category 1

1. On page 46 of the RFP it says that clients should be preferably linked to clinical services for PrEP, emergency PEP and iART and HIV primary care at "agencies that are awarded funding for PSN 2.0

Service Category 2" but SC2 sites are non-clinical. Should these spots say "SC1", or is there a different understanding we should have about this?
Response: The RFP has been revised to correct this typo (Service Category 2 should say Service Category 1). Please see page 46 of the RFP for this revision.

2. Why are Category 1 agencies: (a) being funded in much lower numbers than Category 2 agencies (projected 6-11 Category 1 awards vs 14-30 Category 2 awards)? (b) being expected to see twice as many clients per Patient Navigator each month than Category 2 agencies (min of 50 vs approx. 25)? (c) Are the Category 2 agencies going to be contractually required to partner with and successfully link most of their clients to Category 1 funded agencies each month? If so, how is that going to be formalized/tracked?
Response:
a. The PSN 2.0 program model is designed to reach as many New Yorkers as possible and this is the funding breakdown that best supports this goal.
b. Based on research and formative work with providers this is the proposed recommended ratio. Agencies are allowed to propose a different client to patient navigator ratio with a strong justification.
c. No, Category 2 agencies are not contractually required to partner with and link most of their clients to Service Category 1 funded agencies.

Service Category 2

1. On pages 5 and 10 of the RFP, Required Document #12 states "*Justification and detailed explanation for why funds are needed and how funds will be utilized and separated for this RFP, Systems-Level Change for Normalizing Routine HIV Testing in High-Volume Health Care Settings and Service Category 1: Provision of a Comprehensive Health Package of HIV-Related Services in Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client Centered Model in the PlaySure Network 2.0 RFP programming [for applicants applying for both RFP and Service Category 1: Provisions of a Comprehensive Health Package of HIV-Related Services in Health Care Settings Using an Equity-Focused One-Stop Shop and Holistic Client-Centered Model in the PlaySure Network 2.0 RFP].*" If we are applying under Service Category 2, does this apply to us? Do we need to write anything, such as N/A, for this requirement?
Response: The justification referenced on pages 5 and 10 of the RFP is only required if an applicant is applying for both the Routine HIV Testing RFP AND Service Category 1 of PSN 2.0. The Public Health Solutions Contracting Portal for Service Category 2 will not include this requirement in order to apply.

2. On page 66 of the RFP in the discussion of subcontracting, it states, in part, that a Service Category 2 provider must provide HIV Testing Services “in-house and onsite” and cannot subcontract for these services. If an applicant’s only HIV Testing Service is the provision to clients of the HIV home test, would they meet the requirement to provide HIV Testing Services “in-house and onsite”?
Response: HIV self-testing alone will not be sufficient to meet the requirement. As stated on page 33, agencies must implement HIV testing using a variety of approaches and testing options appropriate for their environment to best reach the diverse populations they aim to serve. Please refer to page 33 of the RFP.

3. The RFP states that patient navigators should focus on navigation and outreach workers on outreach for Service Category 2. While the staffing chart on page 58 indicates that navigators and outreach workers will be trained in testing, who do you envision doing the HIV/STI/HCV testing that is the gateway for services?
   Response: Any staff member who is trained to conduct HIV/STI/HCV testing can provide these testing services service. Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. This may mean that you have different roles that are cross trained on different aspects of the model and they may conduct outreach, navigation, etc. Please refer to page 57 of the RFP for more information on the Staffing Plan. The key for an agency's staffing plan is to ensure that each PSN 2.0 service is staffed appropriately so that services do not pull staff away from each other and that staff are not overburdened with responsibilities that exceed their capacity.

4. For Category 2, can an agency with a $5 million budget have a '1 navigator per 50 clients' ratio?
   Response: Yes, the average monthly client caseload proposed by the agency may differ from the recommended ratios. Agencies may propose the client to navigator ratio that is most appropriate for their agency context, client population and PSN 2.0. program design. All agencies must include a justification for their proposed ratio. Please see page 60 for more information on Navigator to Client Ratio.

Site Locations

1. Does the proposed site location need to be operational at the time of the proposal submission? We have a new site that is opening by the end of 2021. Can we include this site in addition to our existing site?
2. If we are proposing 2 sites, one existing site and another a new site that will open by the end of 2021, we won't be able to fill out the health care workforce and priority population clients served for 2019 and 2020 (as asked in the Online Form for PSN2) for that site since it will not yet be open by the time of the proposal submission. Will that negatively impact the scoring of our proposal narrative?
   Response: All proposed site locations must be operational at the time of proposal submission. *This response applies to Questions 1 and 2 in this Site Locations section of the Supplement.*

3. Per page 22 of the RFP, "The site location includes brick and mortar entity and/or building in its entirety, not just one department or program within the site location". If a provider operates on a specific floor of a building, but does not operate the entire building, are they eligible to apply? In other words, may the brick and mortar entity be limited to one floor of a building?
4. The RFP mentions that a site location must be a standalone building. Is a provider that operates from a single floor in a multistory building eligible to apply if they only have control over a single floor?
5. Does the "brick and mortar" setting have to include the entire building, or can it be one floor on the building?
   Response: PSN 2.0 is designed to intervene on the organizational, interpersonal, and individual levels to meet the goals described above and utilizes a health systems strengthening approach to do so. For this reason, it is important that the service delivery setting is clearly defined to understand the

parameters of each level – most importantly the organizational level - and the unit in which PSN 2.0 is intervening on (i.e. where the boundaries of the organizational level stops and starts).

The site location is defined as the agency-occupied physical brick and mortar entity and/or building with its own unique address where agencies are proposing to deliver the one-stop shop PSN 2.0 service delivery model. In some cases, the entire brick and mortar entity/building for an agency may be one floor in a larger office building with other organizations and entities. In this scenario, the agency occupied floor(s) would be considered the entire Site Location. However, if the entire building is occupied with the agency, then the entire health system within the building is considered the Site Location. Please see page 23 for more information on Site Location. *This response applies to Questions 3, 4 and 5 in this Site Location section of the Supplement. Please note: This clarification will be included in the Revised RFP which will be released with the forthcoming Supplement #3.*

6. In terms of proposal scoring, would applicants be penalized if they do not have a record of serving priority populations in sites that are planned to be but not yet open?
   Response: All proposed site locations need to be operational at the time of proposal submission. Responses to the Narrative Proposal must be tailored for each proposed site location's context, including question 4: Describe how your agency's experience makes it uniquely qualified to implement the proposed PSN 2.0 program to the priority populations you aim to serve in a manner that supports: a) client choice, b) pleasure and wellness-based approaches to sexual health, c) the one-stop shop model. Please refer to page 86 of the RFP.

7. One site leases space on one floor of a building for the clinic, and then we have two additional spaces in the same building but on a different floor for outreach, care coordination and administration. We are not related in any way to the other organizations in the building. For this clinic, we propose considering these three spaces as the brick and mortar. Would this be acceptable?
   Response: Yes, because these three floors are agency-occupied floors in the same brick and mortar building, they would be considered the agency's single Site Location. Please see page 23 of the RFP for more information.

8. We have a clinic site where the clinic is on two floors within the building. The building houses much of our hospital included the Emergency Department and numerous outpatient clinics. We work mostly with OB/GYN and other departments for referrals to PrEP, PEP, etc., as we function as the hub for these services, and would do our best to train their staff and others in terms of prevention services. However, it would be very difficult to include their patient counts in the "all patients" data to be collected. Would it be okay to include these sites as part of the overall program in terms of organizational and interpersonal, but not include them in the individual level interventions and data?
   Response: If the clinic is part of the hospital for which it is located within, the applicant's Site Location's reporting requirements must include all of the units/departments within this agency occupied brick-and mortar entity/building in their aggregate-individual level data submissions (aggregate level data submissions will be required for a subset of indicators, not all). Technical assistance will be provided throughout the duration of PSN 2.0 to support agencies in meeting the

systems-level changes and data reporting requirements. However, if the clinic is part of a large hospital system (defined as a hospital with more than 200,000 visits per year) they may propose (and provide a strong justification for) exclusion of a subset of units and/or departments from within their proposed brick and mortar address (i.e., site location) that will not implement the PSN 2.0 organizational level changes as identified.

9. Regarding 'organizational level change': If our overall hospital (institution) has over 200,000 visits annually and house the majority of services under one brick and mortar address (page 23 of the RFP), then the proposal must refer to the overall hospital for organizational level change, not just the clinic or institute within the hospital, correct? However, if the hospital has over 200,000 visits annually but has numerous brick and mortar addresses for these services (emergency department and inpatient in one building; outpatient facilities in other buildings; urgent care centers in other buildings, etc.) then do we refer to the brick-and-mortar site that we are proposing as the place for organizational level change?
   Response: Yes, correct for both questions. The organizational level systems changes and reporting requirements would be that of the brick and mortar Site Location in which the agency proposes to implement the PSN 2.0 program. Please see page 23 for more information on Site Location.

Staffing

1. The RFP mentions that clinical supervision must be provided to the navigators. Can this be provided by an LMSW or LCSW?
   Response: Yes, an LMSW or LCSW can provide clinical supervision to a navigator.

2. The RFP mentions "appropriate staff", but how is this defined? Who determines which staff is appropriate?
   Response: We need more information to answer this question because this question could pertain to "appropriate staff" in QBF indicators or "appropriate staffing" in the Staffing Plan. Appropriate staffing plans are determined by the agency and "appropriate staff" identified in QBF indicators will be identified at the QBF consensus building conference.

3. Regarding the staffing plan as recommended on page 38 of the RFP: Can the PSN navigator also be responsible for outreach, i.e. can the navigator's and outreach staff's key duties be consolidated into one role? And in addition to full time staff, could we propose to hire a Peer Educator part-time to support outreach efforts?
   Response: Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. This may mean that you have different roles that are cross trained on different aspects of the model and they may conduct outreach, navigation, etc. Please refer to page 57 of the RFP for more information on the Staffing Plan. The key for an agency's staffing plan is to ensure that each PSN 2.0 service is staffed appropriately so that services do not pull staff away from each other and that staff are not overburdened with responsibilities that exceed their capacity.

4. There are staff roles delineated in the RFP but none specifically tasked with data entry, just the Data Manager who is responsible for ensuring data is entered into the QIM tool and eShare. Who would complete the data entry – the PNs who have caseload minimums? Currently under PSN 1.0, data entry takes up a very significant amount of staff time and this needs to be accounted for in the staffing roles.
    a. Why are the Database Developer/Analyst and the Data Manager the main liaisons with NYC HD rather than the Program Manager?
    b. Are programs going to be expected to report data (individual or aggregate) on anyone outside of the PSN 2.0 enrollees?

   Response: Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. The staff outlined on page 57-60 of the RFP are recommendations only and data entry is assumed under the Database Developer/Analyst and Data Manager role recommendations.
    a. The mention of liaison with NYC HD refers to activities related to data management and reporting only. Applicants can choose which staff, and all staff are welcome to liaise with the NYC HD.
    b. Yes, programs are required to report data (aggregate-level) for "all clients" in the Site Location as defined on page 25. Please see page 24-25 for the "All Clients Definition".

5. A patient/staff ratio is suggested. If staff are cross-trained do applicants still need to submit a ratio?
   Response: Yes, applicants need to identify an appropriate staffing ratio and develop a PSN 2.0 staffing plan that reflects an appropriate monthly caseload and navigator to client ratio where each navigator is managing an average number of clients with varying service needs per month. As such, the following client caseloads should be used as a guide to build an appropriate staffing plan by service category:
   - Service Category 1: Minimum monthly caseload of 50 unique clients per navigator (1:50)
   - Service Category 2:
     - Agencies with operating budgets under $1 Million
       - Approximate monthly caseload of 25 unique clients per navigator (1:25)
     - Agencies with operating budgets $1 Million and above
       - Minimum monthly caseload of 25 unique clients per navigator (1:25)

   As stated, these navigator to client ratios/client caseloads are to be used as a guide when developing a staffing plan. The average monthly client caseload proposed by the agency may differ from the recommended ratios above. All agencies must provide a strong justification for their proposed ratio. Using the proposed caseload, agencies will then identify the number of navigators they need to hire in order to serve the number of clients they intend to reach. As navigation is at the crux of the PSN 2.0 service delivery model, the majority of navigator's roles and responsibilities must only include navigation responsibilities and not other tasks that may take them away from direct service provision (such as outreach services - this should be staffed by a separate position). Taken together, these approaches aim to ensure that staff are not overburdened with too many clients, multiple roles and/or responsibilities that consistently exceed their title, compensation, and working hours. Please see page 60 for more information.

6. As an example, if there are staff that are 30% on another grant can we include them in our response to this RFP?
   Response: Yes, allocate the FTE percent that they will be working on PSN 2.0 services. In this example, the maximum FTE allowed would be 70%, but may be less dependent upon the staff's actual involvement in PSN 2.0.

7. Please expand on this sentence, from page 50 of the RFP about substance use services. "*For all clients with an identified need...agencies must offer and provide substance use services on-site through in-person or via telehealth*". What are the expectations around the range of substance use services that need to be provided by the agency, and the staffing and qualifications (e.g, CASAC?) for the "*provision of SU services*"? We don't see anyone with a named role for "*provision of SU services*" in the staffing suggestions on pages 57-60.
   Response: Each applicant should propose their own staffing plan to meet the goals of PSN 2.0 model that fits within their proposed program design, agency context, and client population. The staff outlined on page 57-60 of the RFP are recommendations only. The agency should design their Substance Use services delivery based on their client need and agency expertise. Applicants may propose to partner with another agency (either through partnership agreement or subcontract) to provide these services onsite or through telehealth if they do not have in-house expertise.

8. What are the qualifications of a navigator - e.g., MSW, Bachelor's degree, etc.
   Response: There are no required qualifications for a navigator. Applicants may utilize their own expertise when hiring navigators. Please refer to page 58 of the RFP for details on the preferred credentials of the PSN 2.0 staff roles, including preferred credentials for navigators.

9. Page 59 of the RFP states that a clinical supervisor must provide clinical supervision to the navigators and mental health providers. Can the clinical supervisor also provide direct mental health services to clients? Also, can the clinical supervisor be contracted as opposed to a staff member of the agency?
   Response: Yes. Mental health and/or substance use counseling may be provided by any provider who has appropriate training and NYS licensure, either as a staff member of the applicant agency or via subcontract. The same provider may deliver both direct mental health/substance use counseling services and clinical supervision to navigators and mental health providers.

10. Page 60 of the RFP provides team navigation client ratios. Can you please define a 'client'? For example, is someone who just wants an HIV test, hence a "one-touch" situation, considered to be a client, in terms of the navigator: client ratio? Is any individual requesting any PlaySure Network 2.0 service a client, or is there a threshold (for example, does the individual need to be interested in some navigation or support service)?
    Response: Please refer to page 24, PSN 2.0 Client Definitions.

11. Given the historic reliance on risk assessment screenings and the PlaySure 2.0 mandate to move away from them to discussing sexual health within the context of sexual pleasure, how and when do you envision training on the GOALS framework and related protocols to occur for program staff?

Response: Training on the GOALS framework will be available for all staff upon subaward execution. Additional hands-on technical assistance and learning collaborative(s) will be provided throughout the duration of the PSN 2.0 program to support the implementation of the GOALS framework.

General Information

1. How will you assess quality and services when there are multiple programs located at the same site?
   Response: As stated on page 67 of the RFP: the NYC HD's QBF implementation strategy will use a data triangulation approach and measure three distinct types of indicators - process, experience, outcomes - utilizing three distinct data collection methods - the Integrated Organizational Quality Improvement and Management Tool (QIM) Tool, client and staff experience surveys (managed and conducted by a third-party entity), and eSHARE (Electronic System for HIV/AIDS Reporting and Evaluation, NYC HD's data collection system), respectively. This approach aims to ensure a comprehensive, well-rounded, and valid evaluation of quality. As mentioned above, for PSN 2.0, the definition of quality will include and be assessed through the triangulation (i.e., combined use) of three types of quality-based indicators: Process, Experience, and Outcomes.

   Through a series of ongoing workshops, NYC HD has been working in collaboration with a community-based advisory board workgroup to develop a draft set of QBF indicators, measures, implementation and data collection methods, and payment structures for PSN 2.0 (hereafter referred to as the QBF Blueprint). Additionally, the QBF Blueprint has been further refined through a series of internal stakeholder meetings to identify necessary processes for optimal implementation. Post-award, all aspects of the draft QBF Blueprint will be reviewed with all awarded agencies at a PSN 2.0 all-partner QBF consensus building conference (PSN 2.0 QBF Conference) for review and discussion prior to finalization. This will ensure that the QBF Blueprint details and components are transparent, meaningful, feasible and mutually agreed upon by all parties. For an overview of the current draft of proposed indicators under consideration, please see Appendix B.

2. When will the third-party client/staff surveys be conducted? At the end of the grant period or at the end of each year? Please clarify. What topics will be covered? Would we be able to access the survey results and raw data? Will the survey collect demographic characteristics?
   Response: The client/staff surveys will begin upon subaward execution and will be ongoing throughout the duration of the PSN 2.0 program. Please see client/staff experience indicators in Appendix B on page 108 for topics covered. The NYC HD's aim is to have agencies be able to access aggregate-level data for the client and staff experience surveys. The NYC HD and funded agencies will not have access to individual level raw data. Yes, the survey will collect demographic characteristics, however, all questions in the surveys will be voluntary.

3. What types of professional development will be supported by the PSN 2.0 funds?
   Response: Agencies should aim to provide all staff identified professional development activities. Any activities that fall outside those listed on pages 61 and 65 will need to be approved by the agency's NYC HD project officer.

4. Can existing MOUs be used? We have Ryan White funded Care Coordination contracts and have MOUs in place already that support project objectives.

5. For Attachment E: Linkage Agreements/MOUs: Do these need to be specifically for PSN 2 services, or can they be existing MOUs that include some of the services that need to be provided under PSN2? Put differently, do we need MOUs written specifically for PSN 2?
   Response: Existing MOUs may be used for PSN 2.0 as long as they support the applicant agency's delivery of the comprehensive health package through the one-stop shop model. Since the PSN 2.0 program model is new and different from existing models, agencies should re-examine their existing MOUs to ensure they meet the PSN 2.0 program goals. *This response applies to Questions 4 and 5 in this General Information section of the Supplement.*

6. Where the RFP lists "case management" services, should providers interpret this to include progress notes, psychosocial assessments, and service plans in a client's chart? Will this be a part of site audits? Under PSN 1.0 this was not a requirement.
   Response: Case management is an example of a type of navigation that an agency may conduct and is not required and not included in audit reports. A variety of navigation models exist, and all funded agencies must identify an approach(es) and establish a system best suited for their agency and clients. Please see page 28 for more information on Navigation Services.

7. Is there guidance or preference as to which staff member participates in the interview? For example, is it appropriate to include the grant writer at the interview?
   Response: For the Interview Assessment, applicants are expected to have the following staff representation from each of the proposed Site Locations at the Interview Assessment: agency/program executive leadership staff, program managers, program service delivery staff as outlined in the PSN 2.0 proposal (e.g., outreach staff, mental health providers, client navigators, medical providers, database developer/analyst) and staff from partnering agencies responsible for service delivery as outlined in the proposal. Note: If a staff member will be responsible for more than one role, this must be explained in advance of your interview. Grant writers are welcome to attend the Interview Assessment alongside the above-mentioned staff. Please see page 99 of the RFP for more information on Interview Assessment.

8. Can a co-located provider that has an MOU (not subcontracted/no payment exchanged) provide HIV testing?
   Response: No, the applicant agency must provide HIV testing services themselves.

9. The RFP indicates that applicants need to use the GOALS framework for sexual risk-taking for all clients at the site where the program is being housed, even those from other programs. If an AI program requires a risk-based assessment, how do we navigate that?
   Response: The GOALS framework is an approach to taking a client's sexual history that is less stigmatizing for the client and the conversation with the provider still provides the information they may need to complete the data in a risk-based assessment. The AIDS Institute of the New York State Health Department has included the GOALS framework in their primary care clinical guidelines

10. During the period of January through March 2022, can we recruit and hire for a March 1 start date?
    Response: Yes, at the discretion of the agency.

11. Does the PlaySure Network 2.0 funding replace any existing contracts and related funding administered via Public Health Solutions? Specifically, does it replace: Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs (LTP); Targeted HIV Testing Among Priority Populations (TPT); and Non-Medical Case Management (NMG).

Response: Please refer to page 84 of the RFP. If you have any questions about a current subaward you may have with Public Health Solutions, please reach out to your designated Contract Manager at Public Health Solutions.

12. Is the CDC model for sexual history-taking an acceptable model for this RFP?
    Response: No, the CDC model for sexual history focuses on the 5 Ps which is a risk-based model. The PSN 2.0 required model for taking a sexual history is the GOALS framework (please see page 20 of the RFP).

13. Has specific gender/gender identity-responsive training been developed around the offering of PrEP?
    Response: The NYC HD's Training and Technical Assistance Program (T-TAP) has been working to make all trainings, including those related to PrEP, gender and gender identity-inclusive.

14. Please expand upon preferences for coordination and linkages between sites awarded Service Category 2 and those awarded Service Category 1. What will be the relationship between the NYC PEP Hotline and Service Category 1 sites?
    Response: There is no specific requirement on whom the applicant agencies must partner with and/or link clients to. However, funded agencies are encouraged to partner with and link to other funded PSN 2.0 agencies that are also required to provide quality services. Service Category 1 and 2 agencies may partner and link to the NYC PEP Hotline for after-hour PEP services to ensure rapid service provision for the client, if appropriate.

15. What do you anticipate an average award for Service Category 1 might be?
    Response: As stated on page 62 of the RFP: to fund each agency appropriately, applicants are required to submit a thoughtfully constructed budget allocating costs across their organization's health system to establish optimal delivery of the comprehensive health package of HIV prevention services one-stop shop model, appropriately fund agency- and client-specific needs, ensure client-centered care, and maximize funding of their program-specific implementation design to meet the goals of the PSN 2.0 funding opportunity. We are unable to anticipate the average award amount because this is dependent upon each agency's proposal in the context of overall available funding.

16. Will the salaries paid to staff be one of the factors in the decision about which agency to award, i.e., are you looking to make sure that staff are being paid equitably?
    Response: Applicants must respond to question #6e of the Proposal Narrative (please refer to page 87): Describe how your agency works to transform or dismantle institutional policies and practices that compromise the well-being of your workforce, particularly Black, Indigenous, or People of Color (BIPOC), and provide an example for e) Wages (e.g., paying a living wage to all employees). Question #6e. is worth 1 point. Please refer to page 87 of the RFP for a more detailed breakdown of point allocation per question in the Proposal Narrative.

17. Some of the current contracts are now being forced to do three separate contracts per program (1 for CDC and 2 for CTL) because the city budgets do not align with the contract years. Does this mean that there is a potential that for one award, we may have multiple contracts, budgets and data entry systems due to the multiple funders with different funding periods, and potentially multiple sites? Is

there some way to streamline this so that the bulk of our time and effort can be spent on providing services to our clients, rather than on administrative tasks?

Response: Yes, there is potential for one award to consist of multiple contracts based on the funding sources for that award. However, no matter the funding source and the number of contracts, there will only be one streamlined set of data reporting requirements. The NYC HD has made it a priority to work towards streamlining data and administrative tasks associated with the PSN 2.0 program so that the bulk of an agency's time and effort will be spent on providing services to clients.

18. Will slides presented during the Pre-Proposal Conference and will be shared with attendees after the conference?

    Response: Yes, a video recording of the Pre-Proposal Conference webinar, and a PDF of the Pre-Proposal Conference slides are available for download. *Please see page 2 of this Supplement document for the respective links.*

19. Will the Questions period be extended?

    Response: Yes. The deadline to submit questions for this RFP was extended to Friday, September 24, 2021 at 5pm ET.